

AUGUST 2021



Incentive News

TENNCARE EHR PROVIDER INCENTIVE PAYMENT PROGRAM
A CMS "Promoting Interoperability" Program

Reminders:

Information which will assist you —and the latest updates — is available on the [TennCare EHR Incentive website](#).

Accepting Program Year (PY) 2021 attestations **only for through September 30**. This is the final attestation period of the TennCare EHR Provider Incentive Payment Program.

Can We Help?

If you have questions about your 2021 attestation, contact us at TennCare.EHRIncentive@tn.gov, Monday through Friday from 7:00 a.m. to 3:30 p.m. Central Time. When emailing, please include your provider's name(s) and NPI(s).

Two Months Remain to Submit Your PY 2021 EHR attestation

Have you made plans to attest in the final program year (PY) of the TennCare EHR Provider Incentive Payment Program (PIPP), PY 2021? You have only the months of August and September left to submit that attestation!

If you are among the eligible professionals who have received at least one EHR Incentive payment, but have not reached the six-payment limit, then this is your last chance!

The deadline for submissions is Sept. 30, 2021, 11:59 p.m., CDT.

To attest, you must have and use a 2015 Edition certified EHR technology, and include the required EHR documentation with your attestation. Because attestation is beginning at the midpoint of the calendar year, your Meaningful Use (MU) and eCQM data will need to come from a period of at least **90 consecutive days between Jan. 1, 2021 through July 31, 2021**. You will not be able to use a period that extends past July 31. Patient Volume will come from a consecutive 90-day period in Calendar Year (CY) 2020.



Your Security Risk Assessment (SRA) must be performed prior to Dec. 31, 2021. CMS will allow you to attest prior to completing your annual SRA. However if you have not

completed your annual SRA by the time you attest, you **must complete** your SRA by Dec. 31, 2021. If your **SRA** is not conducted pre-attestation, you **must attest** that one will be completed by Dec. 31, 2021, and then you must do so. **Failure to submit your SRA by Jan. 31, 2022 to TennCare at InternalAudit.TennCare@tn.gov will result in a post-payment audit.**

If your PY 2021 attestation is returned for any reason(s), you must correct and resubmit ASAP. The return letter will have a return date, but it is in your best interest to correct and resubmit quickly.

The cutoff for returns of corrected attestations will be Dec. 15, 2021. CMS requires that the states have all payments (other than appeals and adjustments) out the door by Dec. 31, 2021.

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**Do You Have
Questions
About
The EHR Incentive
Program?**

**Meaningful Use
Measures?**

**Electronic Clinical
Quality Measures?**

Your attestation?

Email [TennCare.
EHRIncentive
@tn.gov](mailto:TennCare.EHRIncentive@tn.gov)

**Always include
the Provider's
Name and NPI
when
communicating
with TennCare.**

Is One Last EHR Incentive Payment Waiting for You?

So you received EHR Incentive payments in the past, but stopped attesting?

Good News! If you are an Eligible Professional (EP) that hasn't yet received six payments, you may have one more chance to receive an Incentive payment!



TennCare's Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP) will be a completed program at the end of this year. If you've already attested several times, you could still be eligible for a final payment, if you meet the requirements for Program Year 2021. Even if you received only one Incentive payment for proving Adoption, Implementation, or Upgrade (AIU) to a certified EHR technology, you still have the opportunity to attest for Meaningful Use (MU) during this last submission period!

The end of the 2016 program year marked the closing of enrollment and first-time attestation. To continue into this final period, you must have received at least one EHR Incentive payment by that time.

All EPs participating must attest for 2021 to Stage 3 MU, including those who have received only the one payment for AIU. Anyone new to

MU, or anyone who checked into MU previously and decided it was too complicated to continue, should be aware there were changes in 2017 enacted to streamline requirements and reporting. Also for this final program year, CMS modified the reporting periods for MU and eQMs to continuous 90-day periods. CMS also aligned the number of eQMs available for PIPP with the eQMs that are available for the Merit-Based Incentive Payment System (MIPS). EPs may report the six eQMs that are most relevant to their scope of practice.

Don't delay! The submission period ends at 11:59 p.m. Sept. 30, 2021. After that, the TennCare EHR Provider Incentive Program will close forever to new attestations.

Contact the EHR Provider Incentive Unit with any questions at TennCare.EHRIncentive@tn.gov.

Don't Be That One Whose Attestation Comes Back Due to a Medicaid ID...

Because of the timing of the Program Year (PY) 2021 attestation period and the closing of the TennCare EHR Provider Incentive Payment Program, it is very important for providers to resubmit any 2021 attestation returned for correction as quickly as possible. Better yet, take steps before submitting your attestation to ensure that it is correct to avoid a return.

A number of EHR Incentive attestations are held up or returned each year because of an incorrect or missing Medicaid ID (MID). Typically, providers are assigned an MID after registering via the TennCare Provider Registration portal. However providers can run into MID issues anytime they update or enter new information in CAQH.

TennCare Provider Registration offers this list of frequent CAQH errors that prevent an MID from being properly assigned.

1. **Missing license issue date.** The original date of license must be entered on the CAQH website.
2. **Missing Credentialing address** (this includes phone number).
3. **Missing uploaded documentation.** CAQH will not release file information to TennCare if the provider has not completed the necessary uploads for their provider type. For instance, documentation that is often missing includes professional liability insurance and licensing documentation.
4. **Incorrect NPI or name listed.**
5. **Currently practicing flag.** This is found when an individual provider lists a practice location, leaves, and then returns to that location again. They have at one time answered the question "Are you currently practicing at this location?" as NO, and TennCare becomes unable to receive that practice location to load into the Provider Registration portal.

6. **Incorrectly listing the Tax ID business type.** As a group or sole proprietor, this can often hang things up if that same Tax ID was already registered on the portal or they do not have a type 2 NPI.

Example 1: Jane Doe is an individual provider with a type 1 NPI, she registers on the CAQH portal, though under the practice location she listed the Tax ID 12-3456789 which is for ABC Medical as an individual Tax ID (suggesting that she is a sole proprietor). ABC Medical is already registered with this same Tax ID (as they should be). This creates an error within PDMS and the provider must go back into CAQH to fix and then re-attest.

Example 2: John Doe is a sole proprietor using a type 1 NPI (and has never enumerated a type 2 NPI because he is NOT a group). When he registered on the CAQH website he listed his Tax ID as a Group MID instead of Individual. TennCare Provider Services often has to walk sole proprietors through a series of questions to determine if they are a true sole proprietor.

As the individual must complete all documentation in CAQH when listing the affiliated practice location, sometimes the affiliated practice location misses adding the provider to their group. The individual must state they are a member of the group and the practice must confirm the physician is a member.

Contact information for CAQH

Email accounthelp@proview.caqh.org or
Call 888-600-9802 (Help desk hours Monday-Friday 8:00 a.m. – 6:00 p.m, Eastern Time)

Syndromic Surveillance Messaging Pilot Sites Wanted

The Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division within the Tennessee Department of Health (TDH) is expanding Syndromic Surveillance Messaging to include eligible clinicians (ECs) treating and diagnosing patients in an urgent care setting.

TDH is actively seeking urgent care facilities for our pilot site program and TDH will work with the pilot partners to ensure they meet the Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability program's active engagement requirements. Effective Jan. 1, 2022, TDH will accept registrations from ECs in urgent care settings beyond the pilot sites.

Short-Term Goals:

Establish pilot sites with Urgent Care providers for Syndromic Surveillance messaging with TDH.

Provide registered ECs working in Urgent Care settings with the opportunity to meet CMS Promoting Interoperability requirements by testing



syndromic surveillance data through ADT messages.

Long-Term Goals:

Increase the number of Urgent Care facilities, beyond the pilot sites, registered in TPR starting Jan. 1, 2022.

Partner with Urgent Care facilities to ensure ECs can meet the reporting requirements for the Promoting Interoperability program.

Provide better representation of healthcare data in Tennessee's rural areas through data exchange efforts with Urgent Care facilities in rural areas.

Improve TDH's Syndromic Surveillance efforts by increasing ADT message reporting through the inclusion of ADT messages received by Urgent Cares.

View the Declaration of Readiness at [Meaningful Use Summary \(tn.gov\)](https://www.tn.gov/meaningful-use/summary) to learn more about TDH public health reporting.

For more information about the pilot site program please contact CEDS.Informatics@tn.gov with "Syndromic Surveillance" in the email subject line.

Don't Trash Your Documents Just Yet

Yes, the TennCare EHR Provider Incentive Payment Program ends on December 31 of this year. But don't throw away your attestation records! You are required under the terms of the program to keep your records for six years after attesting.

Even if your PIPP status is "Payment Complete", and all EHR Incentive payments have been

deposited, keep those records on file.

We would suggest keeping each year's records in a separate folder. Then file your records and documentation immediately with your long-term records.

The possibility of a post-payment audit makes it necessary for providers to retain records and

documentation in support of all attestations for no fewer than six years after each payment year. A provider may be asked by TennCare to show documentation to support any of the information in his/her attestation during that time.



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EHR Incentive News

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Medicaid EPs and EHs should submit questions about the Medicaid Promoting Interoperability (PI) Program (in Tennessee also known as the TennCare EHR Provider Incentive Payment Program) to TennCare.EHRIncentive@tn.gov; including questions about

- Eligibility (first 4 attestation pages)
- Meaningful Use
- Clinical Quality Measures
- Program Participation

ALWAYS include the provider's name and NPI when contacting us. We will respond to your inquiry as quickly as possible.

Should you have issues with a CMS website, contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

View TennCare Medicaid EHR Incentive Program online assistance at

- [Program website](#)
- How-to [PowerPoint Presentations](#)
- [FAQs](#)
- [Acronyms & Glossary](#)
- [Previous issues](#) of EHR Incentive News

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Reminder for Individual Providers Using Group/Client Patient Volume as a Proxy

A provider may use a clinic or group practice's patient volume as a proxy for their own under three conditions:

- 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- 2) There is an auditable data source to support the clinic's patient volume determination; and
- 3) As long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some EPs using their individual patient volume while others use the clinic-level data).

The clinic or practice must use the entire practice's patient volume and not limit it in any way, which is based on the encounters billed under the clinic's NPI. Encounters billed under a provider's individual NPI cannot be transferred to the group.